

**Virginia EMS Advisory Board
Patient Care Guidelines Workgroup
Conference Room 1001 Technology Park Dr., Virginia
January 13, 2010
10:30 AM**

Members Present:	Members Absent:	Staff:	Others:
George Lindbeck, M. D. - Chair Allen Yee, M. D. Jack Potter, M. D. Jeff Myers Steve Rea Holly Frost Max Bornstein Mary K. Allen Bob Ryalls	Delilah Long Asher Brand, M. D. – Vice Chair Charles Lane, M. D. Stewart Martin, M. D. Debbie Akers Billy Altman Greg Leitz	Warren Short Chad Blosser Greg Neiman Gary Brown Tom Nevetral-late	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	Dr. Lindbeck opened the meeting at 10:52 AM. He welcomed all in attendance and asked that each introduce themselves to the group.	
II. Approval of Agenda	Attachment "A"	Agenda approved
III. History of the workgroup	A. Dr. Lindbeck explained that the initial workgroup was set up to try and initiate a document defining patient care guidelines. These guidelines would then be used by MDC for discussion and further development. He also reviewed the membership design. He referenced the draft minutes.	
	B. Review and approval of the minutes.	Dr. Yee moved to accept the minutes of the original meeting. Seconded by Max..Passed
	C. Gary provided a review of the discussions since this workgroup was initiated and general discussion with board members. Because this issue became polarizing and started a backward trend in the advancement of the EMS System, the chairperson of the GAB decided to move the workgroups to fall under the Advisory Board. The AB chairperson supported maintaining Dr. Lindbeck as chair of the	

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	workgroups and Dr. Brand as vice chair. Jennie also worked on objectives for the workgroup.	
IV. Review of Objectives	Dr. Lindbeck opened the floor for discussion on the objectives. (See attachment "B") Dr. Lindbeck indicated he saw the workgroup would look at various documents from the country and be established as a turnkey type device for use locally as local OMDs could use as they saw best. It would also allow some type of modifications. Such a document would receive a review annually. Where the document should be housed was discussed. It was not felt that regulation and code for many reasons would not be beneficial to the system due to the time to cause change. The EMS plan was considered as a house in the form of guidelines, does not by reference make them binding. Gary read an email following the executive committee meeting of the AB. (See attachment "C") Further discussion. Dr. Potter indicated that such a document endorsed by the GAB would provide a level of guidance for OMD and provide a ground upon which to build. Clarification is that such guidelines are not enforceable or regulatory but are recommendations based upon best practice that would establish guidance for EMS practice. Dr. Yee asked if we base information on opinion or science when there is generally little science in existence. It will require that items are clearly marked as evidence based criteria or opinion. The product of this workgroup will not establish enforceable care guidelines. Greg indicated based on a survey conducted by Shawn Carpenter in 2007 revealed little consistency in protocols across the state. Trying something new would not require going through the state. The workgroup reviewed the objectives submitted by the GAB Chairperson. The workgroup rewrote the objectives trying to better express their activity. (See Attachment "D") Dr. Lindbeck will submit to the GAB Chairperson the rewritten objectives for approval and present the objectives at the next Medical Direction Committee meeting.	
V. Review Workgroup Composition.	This was conducted in part IIIC. Discussion about representation from ACEP. Discussion concluded this was already included.	
VI. Discussion of Work Plan Development	Discussion as to how best organize the workgroup activity. Recommendations will be sent to Tom Nevetral for placement on the workgroups resource documents page. <ol style="list-style-type: none"> 1) Develop the format for which the guidelines are placed. 2) Develop a table of contents. 3) Develop contents of each section listed in the table of contents. 4) Validating content and building reference documentation. 5) Publish the document. <p>Next meeting will focus on items 1 and 2.</p>	Members are to forward to Tom Nevetral various formats and ideas. These will be distributed by Tom to workgroup members for review and discussion at the next meeting. The committee will also forward ideas for a table of contents to Tom for distribution among workgroup members for discussion at the next meeting.

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VII. Open Forum	None	
VIII. Set Next Meeting(s)	February 23, 2010 10 AM March 15, 2010 10 AM April 21, 2010 10 AM	
PUBLIC COMMENT	None	
OLD BUSINESS	None	
NEW BUSINESS	None	
Adjournment		So moved by consensus.

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ATTACHMENT “A”

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AGENDA

- I. Welcome – George Lindbeck, M. D.
- II. Approval of Agenda – George Lindbeck, M. D.
- III. History of Workgroup – George Lindbeck, M. D.
 - A. Initial Design
 - B. Review of Minutes from First Meeting
 - C. Current Status
- IV. Review of Objectives – George Lindbeck, M. D.
- V. Review Workgroup Composition – George Lindbeck, M. D.
- VI. Discussion of Work Plan Development – George Lindbeck, M. D.
- VII. Open Forum
- VIII. Set Next Meeting(s)
- IX. Adjourn

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ATTACHMENT “B”

Statewide Procedures Task Group Objectives:

- Develop a set of best practice, evidence based patient care guidelines that identify a baseline level of prehospital patient care delivery within the Commonwealth
 - These guidelines could be adopted in whole as a template for their individual agency
 - Individual agencies may elect to expand the guidelines to increase or modify the guidelines within the purview of the agency level operational medical director
 - Review all existing regional medical guidelines in considering baseline content development
 - Produce a generic template that can be adopted to any agency’s patient care protocols and/pr procedures
- Identify the process of how a set of statewide guidelines are developed, revised, published, and evaluated.
 - Identify the role that the following entities would be involved in the on-going process
 - Local OMD
 - Regional OMD
 - State OMD
 - Medical Direction Committee
 - Advisory Board
 - Office of EMS
- Recognize the guidelines are not intended to be placed in the Regulations Governing Emergency Medical Services or in State Statute.
 - Recognize the practice of medicine resulting in any discipline of OMDs /Physicians reside with the Virginia Board of Medicine

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ATTACHMENT "C"

From: Brown, Gary (VDH)

Sent: Tuesday, December 15, 2009 4:09 PM

To: Jennie Collins (jcollins@pwcgov.org); Critzer, Gary P.; Asher Brand; Brown, Gary (VDH)

Subject: Summary of Meeting Between Jennie Collins, Asher Brand, Gary Critzer & Gary Brown

The purpose of this email is to summarize the meeting held at 12:15 p.m. on Tuesday, December 15, 2009 at 1001 Technology Park Drive. Individuals in attendance included:

- Jennie Collins, Chair, State EMS Advisory Board
- Gary Critzer, President, Central Shenandoah EMS Council (and former State EMS Advisory Board member)
- Dr. Asher Brand, Member, State EMS Advisory Board and Chair of the Medical Direction Committee
- Gary R. Brown, Director, Office of EMS, Virginia Department of Health

Discussion focused on the activities of the past four meetings of the State EMS Advisory Board regarding the debates and discussion about proposed statewide protocols, medication and procedure schedules and the formation of the Statewide Formulary Task Group and the Statewide Guidelines Task Group. After much discussion the following statements and agreement were reached:

1. Gary Brown stated that it has never been the intent of the Office of EMS to place protocols or the medication and procedure schedules in the Regulations Governing Emergency Medical Services or in State Statute.
2. Gary Brown and all attendees of this meeting agreed that the practice of medicine resulting in any discipline of OMDs /Physicians reside with the Virginia Board of Medicine.
3. Bylaws of the State EMS Advisory Board, Section A. Duties of the Chair, paragraph 3 states that the *"Chair will establish task groups necessary to perform the work of the Advisory Board."* In an effort to foster collaboration and move forward in a positive, trusting and effective manner, all individuals agreed that Ms. Collins will establish the Statewide Formulary Task Group and Statewide Guidelines Task Group under the State EMS Advisory Board per the Chair's authority outlined above. Ms. Collins will appoint Dr. George Lindbeck as Chair and Dr. Asher Brand Vice-Chair of both Task Groups respectively. Ms. Collins will provide the objectives and guidance for both task groups. Ms. Collins will ask Dr. Lindbeck and Dr. Brand to review the membership of the task groups as approved by the Executive Committee and discuss any need for proposed changes. Ms. Collins will meet with Dr. Lindbeck and Dr. Brand to discuss objectives and expectations.

I give permission to Mr. Critzer, Ms. Collins and Dr. Brand to share this email with anyone they deem appropriate. I will also ask them to let me know if I have misrepresented any of our discussion and/or agreements or if I have omitted any important information, outcomes or agreements.

Sincerely

Gary

Gary R. Brown, Director
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ATTACHMENT “D”

Statewide Procedures Task Group Objectives:

- Develop a set of best practice, evidence-based patient care guidelines that promote consistency of prehospital patient care delivery within the Commonwealth.
 - These guidelines may be adopted in whole as a template for any individual agency.
 - Individual agencies may elect to utilize some or all components, and/or modify the guidelines within the purview of the agency operational medical director.
 - Review existing medical guidelines and literature in considering baseline content development
 - Present the patient care guidelines in a format that can be adopted to any agency's patient care guidelines.
- Describe the process of how a set of statewide guidelines are developed, revised, published, and evaluated.
 - Recognize that patient care guidelines are a dynamic document that should be reviewed every two years at a minimum.
 - Describe the role of the following entities involved in the on-going process
 - Agency OMD
 - Regional OMD
 - State OMD
 - Medical Direction Committee
 - Advisory Board
 - Office of EMS
- Recognize the guidelines are not intended to be placed in the Regulations Governing Emergency Medical Services or in State Statute.
 - Recognize that any discipline of the OMD associated with the practice of pre-hospital care resides with the Virginia Board of Medicine
 - Recognize that the delivery of pre-hospital care is delegated medical practice performed under the authority of an agency OMD.

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